

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 NOV 24 AM 10:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 845889

1. Corporation Name

ALFRED ALLEN WATTS CO. INC.

Principal Place of Business

Mailing Address

2295 South Ocean Boulevard
 Palm Beach, Florida 33480-5357

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

May 1, 1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-5474290

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

SEE ADVERSE INFORMATION SECTION

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D, P, S, T	D. Scott Elliott	1900 Phillips Point West 777 South Flagler Drive	West Palm Beach, FL 33401
			100003063601--2 -12/07/99--01097--003 *****750.00 *****750.00

REINSTATEMENT 9911TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Birdie Steir
 2295 South Ocean Boulevard
 Palm Beach, FL 33480

Name
 D. Scott Elliott
 Street Address (P.O. Box Number is Not Acceptable)
 1900 Phillips Point West
 Suite, Apt. #, Etc.
 777 South Flagler Drive
 City
 West Palm Beach
 State
 FL
 Zip Code
 33401

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/18/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

D. Scott Elliott

11/18/99

561-650-7284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CREATED (1/96)